

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH/MENTAL HEALTH PLAN**

REQUEST FOR SECOND OPINION

As a MediCal beneficiary, you may ask the Mental Health Plan (MHP) to arrange for a second opinion about your mental health condition. To do this, you may call and talk to a representative of your mental health plan at 1-888-743-1478 or write to the 268 W. Hospitality Lane Ste. 400, San Bernardino, CA 92415-0920.

The Mental Health Plan will provide a second opinion by a licensed mental health professional employed by, contracting with or otherwise made available by the MHP when the MHP or its providers determine that the medical necessity criteria have not been met and that the beneficiary is, therefore, not entitled to any specialty mental health services from the MHP. The MHP shall determine whether the second opinion requires a face-to-face encounter with the beneficiary.

Please fill out this form as best you can in your own words. You can get help with the form from your therapist or physician, from the Access Unit at 1-888-743-1478, or from the Patients' Rights Office at 1-800-440-2391. Please mail or Fax it to the Access Unit, 268 W. Hospitality Lane Ste.400, San Bernardino, CA 92415-0920, FAX (909) 386-0775.

Note: The beneficiary will not be subject to discrimination or any other penalty for seeking a second opinion.

Why did you originally come to the Department of Behavioral Health for help?

Which clinic or provider did you receive services from?

Why are you requesting a second opinion?

Did you receive a Notice of Action letter regarding this matter? (Please circle one) YES NO

Consumer (Beneficiary) Printed Name _____ Date of Birth _____

Consumer (Beneficiary) Signature _____ Date _____

Address _____ City _____ State _____ Zip Code _____

Telephone# _____